

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000107094

FILED
Apr 14, 2009
Secretary of State

Entity Name: TRINITY PROFESSIONAL PLACE, LLC

Current Principal Place of Business:

306 E. OAK AVE.
TAMPA, FL 33602

New Principal Place of Business:

3624 W. GRANADA ST.
TAMPA, FL 33629

Current Mailing Address:

306 E. OAK AVE.
TAMPA, FL 33602

New Mailing Address:

3624 W. GRANADA ST.
TAMPA, FL 33629

FEI Number: 20-3748859

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCNAMARA, THOMAS P
2909 BAY TO BAY BLVD., SUITE 309
TAMPA, FL 33629 US

Name and Address of New Registered Agent:

MCNAMARA, THOMAS P
2907 BAY TO BAY BLVD., SUITE 201
TAMPA, FL 33629 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

04/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: COCKRELL, BERNARD Y II
Address: 306 E. OAK AVE.
City-St-Zip: TAMPA, FL 33602

Title: MGR () Delete
Name: LEWIS, CHRISTOPHER R
Address: 9331 ADAMO DRIVE, SUITE 200
City-St-Zip: TAMPA, FL 33619

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: COCKRELL, BERNARD Y II
Address: 3624 W. GRANADA ST.
City-St-Zip: TAMPA, FL 33629

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CHRISTOPHER R. LEWIS

MGR

04/14/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date